WEST NILE VIRUS
EQUINE SAMPLE SUBMISSION FORM

COLORADO DEPARTMENT OF AGRICULTURE
ANIMAL INDUSTRY DIVISION - VETERINARY SECTION
ROCKY MOUNTAIN REGIONAL ANIMAL HEALTH LABORATORY
2331 WEST 31st AVENUE, DENVER, CO 80211 TEL: (303) 477-0049 FAX: (303) 458-7857

LAB. ACC. NO.

NAME OF OWNER: LAST FIRST

STREET ADDRESS

CITY STATE ZIP CODE

TELEPHONE

I HEREBY CERTIFY THAT THIS IS A CORRECT RECORD OF SAMPLES COLLECTED BY ME:

SIGNATURE *(ACCREDITED VETERINARIAN)* | **DATE SAMPLED**

PRINT LAST NAME | LICENSE NO.

TEL. FAX.

STREET ADDRESS

MAILING ADDRESS

CITY STATE ZIP CODE

LOCATION OF ANIMAL *(**MUST be filled out**)*
COUNTY

ADDRESS IF DIFFERENT FROM OWNER

FOR LABORATORY USE ONLY

DATE READ | BY

NAME OF LABORATORY

SAMPLE	IDENTIFICATION	AGE	BREED	SEX	TESTED FOR	TESTED FOR	REMARKS
1							
2							

CASE HISTORY 1

VACCINATION HISTORY	DATES WNV	WEE	EEE	VEE
Primary				
Secondary				
Last Booster				
Unknown				
None				

DATE OF ONSET:_____

☐ ALIVE ☐ EUTHANIZED

☐ DEAD, DATE OF DEATH_____

SYMPTOMS: ☐ Muscle fasiculations ☐ Ataxia/Paralysis ☐ Hyper-excitability ☐ Convulsions/Twitching ☐ Recumbant

☐ Incoordination ☐ Depressed ☐ Down ☐ Off Feed ☐ Asymptomatic

Other: _____

CLOSEST WATER SOURCE (Miles):

CASE HISTORY 2

VACCINATION HISTORY	DATES WNV	WEE	EEE	VEE
Primary				
Secondary				
Last Booster				
Unknown				
None				

DATE OF ONSET:_____

☐ ALIVE ☐ EUTHANIZED

☐ DEAD, DATE OF DEATH_____

SYMPTOMS: ☐ Muscle fasiculations ☐ Ataxia/Paralysis ☐ Hyper-excitability ☐ Convulsions/Twitching ☐ Recumbant

☐ Incoordination ☐ Depressed ☐ Down ☐ Off Feed ☐ Asymptomatic

Other: _____

CLOSEST WATER SOURCE (Miles):